



**MEDICAL BOARD OF CALIFORNIA
BOARD OF PODIATRIC MEDICINE**
1420 HOWE AVENUE, SUITE 8, SACRAMENTO, CA 95825-3229
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www.dca.ca.gov/bpm

REQUEST FOR PART III (PMLexis) CERTIFIED SCORE REPORT

INSTRUCTIONS: Applicants for licensure who need to have Part III (PMLexis) scores certified to another state license board may, by completing this form and including a check in the amount of \$35 payable to FPMB, request that the Federation of Podiatric Medical Boards certify the score. A separate \$35 fee is required for each additional state board receiving the certified score report.

Send this form and payment by regular mail (do not send certified or express mail) to:

**FEDERATION OF PODIATRIC MEDICAL BOARDS
P.O. Box 740525
BOYNTON BEACH, FL 33474-0525
PHONE: (561) 477-3060**

Name:	
Address: (Where you can be reached) Number and Street	
City	State Zip Code
Social Security Number: — —	Daytime Phone Number: Area Code: () Number :
State where Part III (PMLexis) was taken:	Date (mm/yy) Part III (PMLexis) was taken:

Please send certified scores to:

**California Board of Podiatric Medicine
1420 Howe Avenue, Suite #8
Sacramento, CA 95825**

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